

DIRECTIONS:
Fill in all blanks.
Document must be
typed, recommend
word processing.
Add lines where
needed to provide
thorough
justification.

Name: _____ **Date of Birth:** _____ **Sex:** _____

SS#: _____ **County:** _____

SC/EI: _____ **Current Placement:** _____

☐ MR ☐ RD ☐ AUTISM ☐ TBI ☐ SCI ☐ SD
 FSIQ: _____ ☐ Borderline ☐ Mild ☐ Moderate ☐ Severe ☐ Profound
 Adaptive Level: _____ ☐ Borderline ☐ Mild ☐ Moderate ☐ Severe ☐ Profound
 ICAP Score _____

II. DESCRIPTION OF CRITICAL/URGENT CIRCUMSTANCES

- ☐ Abuse, Neglect, or Exploitation
- ☐ Homelessness
- ☐ Health or Safety
 - ☐ a) consumer or
 - ☐ b) caregiver
- ☐ Court Order/DDS Judicial Admission
- ☐ DJJ Subclass

- ☐ **Health**
- ☐ **Behavior**
- ☐ **Inadequate Family Support**

Thoroughly but succinctly describe and justify the boxes checked – use additional sheet if necessary

III. PERTINENT HISTORY

Check all that apply and provide thorough but succinct explanation of those historical issues which contribute to current critical/urgent circumstance. Use additional sheets if necessary. Attach relevant professional assessments, reports, plans and data related to current critical/urgent circumstance.

- ☐ Family support (emotional, financial resources, extended family)
- ☐ Delinquent
- ☐ Criminal activities
- ☐ Medical status (include current medications)
- ☐ Psychiatric history
- ☐ Behavioral issues
- ☐ Substance abuse
- ☐ Abuse/neglect

Explanation: _____

IV. Services

Check all boxes that apply.

| DSN services | Previously Received | Currently Receiving | Waiting To Receive |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| HCB Waiver Recipient | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work/Day Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavioral Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Care/Homemaker Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respite Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Services (_____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other agency services

| | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| DMH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public School | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DSS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DJJ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other Agency (_____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Report of Critical/Urgent Circumstances – Page three

Explanation:

V. HOME VISIT SUMMARY

Explanation:

Thoroughly but succinctly describe why current services are not adequate to meet needs. Use additional sheets if necessary.

Summarize results of home visit (home visit must be completed within 30 days of submission of Report). Identify all home occupants, relationships to the consumer, and whether they were present during visit. Relate caregiver concerns. Provide specific examples of

| | |
|--|--|
| <p>incidents that depict situation noted above. Describe physical environment and family dynamics. Use additional sheets if necessary.</p> | <div><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/><hr/></div> <div>Report of Critical/Urgent Circumstances – Page four</div> |
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I hereby certify that the above information reflects an accurate and complete summary of the situation. I also certify that all efforts at the local level to resolve the situation without resorting to out of home placement have been explored and implemented.

Service Coordinator Signature:

Date:

Service Coordinator Supervisor Signature:

Date:

Executive Director's Signature:

Date:

SAMPLE